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GAU  
1614



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Application of:

**KAESEMEYER, Wayne H.**

Serial No.: 08/833,842

Filed: April 10, 1997

Art Unit: 1614

Examiner: D.C. Jones

Docket No.: 97-092-US

**METHOD AND FORMULATION FOR  
TREATING VASCULAR DISEASE**

Pittsburgh, Pennsylvania 15230

Assistant Commissioner for Patents  
**BOX NON-FEE AMENDMENT**  
Washington, D.C. 20231

RECEIVED  
MAY 11 1998

MATRIX CUSTOMER  
SERVICE CENTER

Sir:

Transmitted herewith is an Amendment and Response to Office  
Action in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to  
the outstanding Office Action. A Petition for an  
extension of time is enclosed.

OR

- ☒ In the event that an extension of time is required,  
this conditional petition is being made to provide for  
the possibility that applicant has inadvertently  
overlooked the need for a petition and fee for  
extension of time.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

**MAILED**

☒ deposited with the United States Postal Service on May 5, 1998  
with sufficient postage as first-class mail in an envelope addressed  
to the: Assistant Commissioner for Patents, Washington,  
D.C. 20231.

**FACSIMILE**

☐ transmitted by facsimile on [date] to the U.S. Patent and  
Trademark Office.

Jody L. Burner

Type Signature Name

(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

Harrisburg, PA McLean, VA Newark, NJ New York, NY Philadelphia, PA Princeton, NJ Washington, DC

2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☒ Also enclosed: Associate Power of Attorney.
5. ☒ No fee for extra claims is required.
6. ☐ The fee for extra claims has been calculated as shown below:

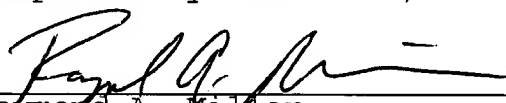
Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Extra Present (Col.3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
			RATE	FEE	RATE	FEE
Total Claims	-	** = *	X \$ 11	= \$	OR X \$ 22	= \$
Ind. Claims ***	-	= *	X \$ 41	= \$	OR X \$ 82	= \$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$135	= \$	OR + \$270	= \$
			<u>TOTAL</u>	= \$	OR <u>TOTAL</u>	= \$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check for \$[Amount] to cover the extra claims fee.
8. ☐ The Commissioner is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Dated: May 5, 1998

  
 Raymond A. Miller  
 Reg. No. P-42,891

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